



Stevens Health & Nutrition Center Inc.
My New Life Leaving the Old One behind Education Conference

VENDOR APPLICATION:

According to The Stevens Health & Nutrition Center Inc. Policy, “No NEW VENDOR will be added until the vendor has been approved by the Finance Director. Also, all new vendor accounts must be signed prior to any purchase agreement. This form **MUST** be completed by the initiating department and submitted to the Finance Department.

Finance Director: _____

DATE: _____

Initiating Department Needs to Complete the following: Dept.: _____

TYPE OF VENDOR: _____

VENDOR

NAME: _____

BUSINESS ADDRESS: _____

Contact Phone Number: _____

Fax Number: _____

For Office Use Only:

Finance Department Approval { ☐ } Disapproval { ☐ }

SPACE Number { ☐ }

Pay by check to SHNCI 3600 South State Road 7 Suite 310 Miramar, FL 33023

We would like to purchase vendor space.

Make checks payable to Stevens Health & Nutrition Thank you for your support!

Vendor Space Fee \$75.00

Scan to pay with Zelle@stevensheath2000@gmail.com



3600 South State Road 7
Suite 310 Miramar, FL 33023
Non-Profit Organization 501(c) (3)

Scan to pay with Cash App



Stevens Health
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